



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS



Collection Agency Supplement Renewal Application

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a."
Do not add attachments in lieu of completing our form.

Company Name: _____

License Number: _____

CA-

1. General Information:

If NO to any of the following, provide a written explanation on a separate sheet

Yes No

(a) Are you maintaining the correct bond amount required under A.R.S. Section 32-1021 (B)(2)?

[Statutory Bond Requirements](#)

(b) Has applicant rendered an account of and paid to all clients, for whom collections have been made, the proceeds collected, less collections charges as agreed between applicant and client within thirty days from last day of the month in which the collections have been made?

(c) Has the applicant deposited with a local depository all the money collected by him and due and owing clients, and such money deposited until remitted to such clients?

(d) Has applicant kept a record of money collected and the remittance of such money?

(e) For any license changes made since the last renewal (address; active manager; name; owner/officer), have all documents and fees been sent/delivered to AzDFI?

2. Affidavit

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form before a Notary

Print Name

Print Official Title

Public, of my own free will and:

(a) I have read and understand the items and instructions on this form;

(b) My answers (including attachments) are true and complete to the best of my knowledge;

(c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;

(d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;

(e) I have read and understand applicable federal and state law, and will be in compliance at all times;

(f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;

(g) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions.

Signature of individual: _____

Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Date

Month

Year

Print Notary Public name: _____

Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____

Notary seal here

3. Renewal Fees:

Principal Primary Licensed location:

\$600.00

Current number of Arizona branch location(s) being renewed:

Total #

x \$200.00 =

\$

Make payable to: Arizona Department of
Financial Institutions or AZDFI

Total All lines

Pay the amount entered here all on one check

\$

**License Renewal - Collection Agency Addendum - Fictitious Names**

This report must be filed even if fictitious names are not used.

If no fictitious names are used, enter "N/A" and include the form with your renewal application.

If more space is needed, print this page as many times as needed and staple them all together.

Principal Primary Licensed Location: Complete as you did on page 1 of your renewal.

Company Name:		License #: CA-	
Doing Business As:			
Address:	City:	State:	Zip:

Do any of your employees use fictitious names, if YES, complete the columns below:

Yes	No
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True name of debt collector.	Fictitious name used other than true name	Date used From To	True physical home address and mailing address of debt collector.

Filed with the Department for the December 31st report period

Date

Signature of Licensee or Active Manager

**License Renewal - Collection Agency Addendum - Financial Statement**

Financial statement for the period beginning (mm/dd/yy) ____/____/____ and ending (mm/dd/yy) ____/____/____ is hereby submitted.

Principal Primary Licensed Location: Complete as you did on page 1 of your renewal.

Company Name:		License #: CA-	
Doing Business As:			
Address:	City:	State:	Zip:
Direct Telephone Number & Extension:		Fax Number:	

Information on the financial statement must be for the collection agency only.

Do not include personal items or the consolidation of other businesses.

1. Balance Sheet:
(As of the end of the reporting period)**NOTE:**

Line 10 Must Equal Line 25

Line 24 Must be Positive

Line 1.a. must be Greater Than or Equal to Line 12.a.

(A) Assets**Dollars**

1	(a) Cash - Client Trust	
	(b) Cash - Other	
2	Notes Receivable - Secured	
3	Notes Receivable - Unsecured	
4	Accounts Receivable - Current	
5	Accounts Receivable - Past Due	
6	U.S. Government obligations	
7	Real Estate (Section 3, Line 5)	
8	Stock, bonds & other investments (Section 4, Line 9)	
9	Other Assets (Section 5, Line 9)	
10	TOTAL ASSETS (sum of lines 1 through 9)	



(B) Liabilities		Dollars
11	Notes Payable	
12	(a) Accounts Payable - Client Trust	
	(b) Accounts Payable - Other	
13	Accrued Taxes	
14	Accrued Interest	
15	Subordinated Notes & Debentures	
16	Due to affiliates	
17	Other liabilities (Section 6, Line 7)	
18	TOTAL LIABILITES (sum of lines 11 through 17)	

(C) Net worth		
19	Preferred stock - Number of shares outstanding	
	Preferred stock - Par value per share	
20	Common stock - Number of share authorized	
	Common stock - Number of shares outstanding	
	Common stock - Par value per share	
21	Additional paid-in capital	
22	Retained earnings (deficit)	
23	Treasury Stock	
24	TOTAL NET WORTH (sum of lines 19 through 23)	
25	TOTAL LIABILITIES & NET WORTH (sum of lines 18 & 24)	

2. Statement of Change in Net worth / Equity

	Capital Stock	Additional Paid-in Capital	Retained Earnings (Deficit)	Treasury / Stock	Total Equity
Balance, Beginning					\$
Dividends / Distributions					
Net income (Loss **)					**
Other					
Balance, Ending*					*\$

* Ending balance must agree with Line 24 of Section 1

**Net income must agree with (Section 8, Line 23)

**3. Schedule of Real Estate Owned**

Description & Location	Title & Owner	Cost	Appraisal Value	Mortgages	Tax Value	Insurance
1						
2			\$	\$	\$	\$
3			\$	\$	\$	\$
4			\$	\$	\$	\$
5 Total Real Estate Owned				\$		

4. Schedule of Stocks, Bonds and Other Investments

Description	Amount	Description	Amount
1	\$	5	\$
2	\$	6	\$
3	\$	7	\$
4	\$	8	\$
9 Total Stocks, Bonds and other Investments			\$

5. Schedule of Other Assets

Description	Amount	Description	Amount
1	\$	5	\$
2	\$	6	\$
3	\$	7	\$
4	\$	8	\$
9 Total Other Assets			\$

6. Schedule of Other Liabilities

Name of Creditor	Amount	Type of Obligation	Description of Security	Amount of Security
1	\$			
2	\$			
3	\$			
4	\$			
5	\$			
6	\$			
7 Total Other Liabilities		\$		

**7. Schedule of Contingent Liabilities**

1 Upon Notes or Accounts Receivable Discounted Sold or Assigned	\$
2 As Guarantor for Other on Notes Bonds Contracts, etc	\$
3 Any Other Contingent Liability	\$
4 Total Contingent Liabilities	\$

8. Statement of Income and Expenses

1 Income	\$	
2 Income from Collections	\$	
3 Profit (or loss) on investments	\$	
4 Income from investments	\$	
5 Other Income (Section 9 (A))	\$	
6 Total Income (sum of lines 2 thru 5)		\$
7 Expenses	\$	
8 Salaries	\$	
9 Accounting Services	\$	
10 FICA taxes	\$	
11 Other taxes	\$	
12 Supplies	\$	
13 Depreciation	\$	
14 Insurance & bonds	\$	
15 Advertising	\$	
16 Interest	\$	
17 License & examination fees	\$	
18 Office expenses	\$	
19 Other expenses (Section 9 (B))	\$	
20 Total Expenses (sum of lines 8 thru 19)		\$
21 Profit (Loss) (line 6 less line 20)		\$
22 Income Taxes		\$
23 Net Profit (Loss) (line 21 less line 22) **		\$
24 Arizona Gross Annual Income Include in line 6 (above)***		\$

Note:

Line 23 *must* agree with Section 2 of Financial Statement

*** This figure to be used to calculate the amount of your required surety bond.

**9. Statement of Income and Expenses****(A) Schedule of Other Income (Section 8, Line 5)**

Detail all items that exceed 10% of total "Other Income"

All other income

Total Other Income

(B) Schedule of Other Expenses (Section 8, Line 19)

Detail all items that exceed 10% of total "Other Expenses"

All other expenses

Total Other Expenses

Date: _____

Prepared by: _____

Phone: _____

10. Affidavit For Financial Statement

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form before a
Print Name Print Official Title

Notary Public, of my own free will and:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (g) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions.

Signature of individual: _____ Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20 _____
Date Month Year

Print Notary Public name: _____ Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____ Notary seal here



Collection Agency Supplement Renewal Application Checklist

\$600 Renewal Fee

\$200 per branch location in Arizona that is renewing

Financial Statement Completed (Include in the renewal package)

(Must provide a Financial Statement covering the period January 1 through December 31 of the previous calendar year and a YTD Financial Statement)

Fictitious Names Report Completed (Included in the renewal package)

All changes to your license are to be sent to the department under separate cover. Do not include/submit with renewal application. (See renewal instructions for information on making changes to your license)

Submit License renewal package to AZDFI Attention Licensing Division,
2910 N. 44th St., Suite 310, Phoenix, AZ 85018